

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025998

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

420

FILED JUL 30 1962

VS 300  
Rev. 4/59

1 0109  
2 0109  
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4 0  
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11 112  
12 2-0  
13 3-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIV. of MISSOURI MED CEN</u>		d. STREET ADDRESS (If outside, give location) <u>5. So Williams</u>	
3. NAME OF DECEASED (Type or print) First <u>Gene</u> Middle <u>Russell</u> Last <u>BLED SOE</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 9, 1947</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>helped with cooking Restaurant</u>		11. BIRTHPLACE (City and state or country) <u>ASHLAND, MISSOURI</u>	
13a. FATHER'S NAME <u>JAMES THOMAS BLED SOE</u>		13b. MOTHER'S MAIDEN NAME <u>MABEL ELLA RING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>3</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL EDEMA</u> DUE TO (b) <u>CEREBRAL CONTUSION</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE _____ INTERVAL BETWEEN ONSET AND DEATH <u>41 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Thrown from auto 7/24 while riding on running board.</u>	
20c. TIME OF INJURY Hour <u>10</u> p.m. Month, Day, Year <u>7 24 1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Columbia</u>
20g. COUNTY <u>Boone</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>July 25, 1962</u> to <u>July 26, 1962</u> and last saw him alive on <u>7/26/62</u> Death occurred at <u>3:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Samuel P. W. Black, M.D.</u>		22b. ADDRESS <u>University of Missouri</u>	
22c. DATE SIGNED <u>7/26/62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
22e. LOCATION (City, town, or county) <u>Columbia, Mo.</u>		22f. STATE <u>Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/28/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Columbia, Mo.</u>
24. FUNERAL DIRECTOR <u>Lyman Sprinkle</u>		25. DATE RECD. BY LOCAL REG. <u>July 27, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		27. ADDRESS <u>Columbia, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

MAY 3 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard H. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.